

# Work Order ID 92009

October-19-12 1:19:03 PM

\*92009\*

Page 1

Item ID: 647.1811

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Spacer

Stop \*NS2\*

Start Date: 19/10/2012 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: MLS Date: 12-10-19 Tooling:

Date:

Run Start \*NR1\*

QC: Date: SPC (Y/N):

Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
|----------|--------------|

|          |     |
|----------|-----|
| 647.1800 | N/C |
|----------|-----|

110

0.00

\*110\*

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2024.063

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Memo

0.00

Quality Control

(3)

B/L-10-31

(3)

B/L-10-31

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |   |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |   |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |   |   |
|--|---|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |
|--|---|---|

|  |   |
|--|---|
| <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|--|---|

# Work Order ID 92009

October-19-12 1:19:03 PM

\*92009\*

Page 2

Item ID: 647.1811

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Spacer

Start Date: 19/10/2012 Start Qty: 2.00 \*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00 \*2\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID                            | Operation<br>Description   | Set Up/<br>Run Hours     | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|---|--|--------------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130<br>*130*<br>QC<br>Quality Control                     | QC8- Inspect parts - second check<br><br>Memo  | 0.00<br>0.00<br>12 10:31 |         |        |              | 3             |               |                  |                |
| 140<br>*140*<br>Outsource4<br>Outsource process - Anodize | Outsource process-Anodize per QSI017 4.1.10.1<br><br>Memo<br>ISSUE P/O: 18304<br>HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2) | 0.00<br>0.00             |         |        |              |               |               |                  | Pl 12-11-01    |
| 150<br>*150*<br>Packaging<br>Packaging                    | Receive & Inspect for Damage & Mat'l Certs<br><br>Memo   | 0.00<br>0.00             |         |        |              |               |               |                  | Pl 12/4/7 (3)  |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                   |   |             |              |              |  |  |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                   |   |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                   |   |             |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                   |   |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                   |   |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                   |   |             |              |              |  |  |

| FAULT CATEGORY  |   |   |  |   |
|---|---|---|--|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |

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Page 3

**Accept**

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

**Item Name:** Spacer

**\*Start Date:** 19/10/2012    **Start Qty:** 2.00    **\*2\***

**Cust Item ID:**

Required Date: 02/11/2012      Req'd Qty: 2.00      \*3\*

**Customer:**

**Reference:**

**Approvals:** \_\_\_\_\_ **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

**Sequence ID/  
Work Center ID**

### Operation Description

## Set Up/ Run Hours

| Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---------|--------|-----------|------------|------------|---------------|-------------|
|---------|--------|-----------|------------|------------|---------------|-------------|

160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

## Memo

0.00

## Quality Control

170

0.00

**\*170\***

## SprayPaint

## Memo

0.00

## Spray Painting

PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 122543

180

### QC14- Inspect Spray Paint

0.00

**\*180\***

QC

## Memo

0.00

## Quality Control

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Setup         |      |      |     |   |                   |                    |             |              |              |
| Other         |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear  | General                                 | Other  |
|---|---|--|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped.             | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|   |   | <input type="checkbox"/> Ovalized                        |
|   |   | <input type="checkbox"/> Over/Under tolerance            |
|   |   | <input type="checkbox"/> Part Incorrect                  |
|   |   | <input type="checkbox"/> Part Lost/Missing               |
|   |   | <input type="checkbox"/> Part Moved                      |
|   |   | <input type="checkbox"/> Positioned Wrong                |
|   |   | <input type="checkbox"/> Power Loss/Surge                |
|   |   | <input type="checkbox"/> Pressure/Forced                 |
|   |   | <input type="checkbox"/> Temperature/Cure                |
|   |   | <input type="checkbox"/> Weld                            |
|   |   | <input type="checkbox"/> Wrong Stock Pulled              |
|   |   | <input type="checkbox"/> Other                           |

# Work Order ID 92009

October-19-12 1:19:03 PM

\*92009\*

Page 4

Item ID: 647.1811

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Spacer

Stop \*NS2\*

Start Date: 19/10/2012 Start Qty: 2.00 \*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00 \*2\*

Customer:

Reference:

Approvals: Process Plan: Date: Tooling:

Run Start \*NR1\*

QC: Date: SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID Tool # Plan Accept Reject Reject Insp.  
Code Qty Qty Number Stamp

190

Identify as per dwg & Stock Location: 439

0.00

\*190\*

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

12/11/12 (3)

200

QC21- Final Inspection - Work Order Release

0.00

\*200\*

QC

Memo

0.00

Quality Control

12/11/20 MF 12-11-20

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                   |   |             |              |              |  |  |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| Root Cause   | Date | Step | Qty | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                   |   |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                   |   |             |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                   |   |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                   |   |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                   |   |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                   |   |             |              |              |  |  |

| FAULT CATEGORY   |   |   |   |  |
|--|---|---|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |



# Picklist Print

October-19-12 1:19:07 PM

Page 1

Work Order ID: 92009

\*92009\*

Parent Item: 647.1811

\*647 1811\*

Parent Item Name: Spacer

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M2024T3S.063                    |                        | Purchased     |             | No                  |                  | 110             | sf                 | 72.4700        | 0.0252      | 0.053053     |               |                |        |

\*M2024T3S 063\*

\*\*

B12-10-31

2024-T3 .063 sheet

Location

Loc Qty

Loc Code

MAT022

72.47

119916

0.1

121197

16.32

123096

56.05

121197

③

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

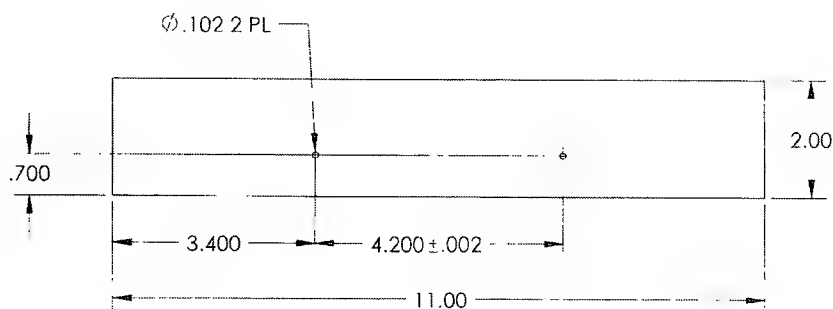
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |      |      |   |   |                   |   |             |              |   |  |  |
|---|------|------|---|---|-------------------|---|-------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |   |  |  |
| <b>Root Cause</b>   | Date | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Operator <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Material <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Setup <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Other <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Process <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Supplier <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Training <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Unapproved <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| <b>FAULT CATEGORY</b>   |      |      |   |   |                   |   |             |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

NOTES:

1. MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II CLASS 2 COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-233/7J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



.063

647.1810

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT

WITHOUT NOTICE  
WORK ORDER

NO. 92009 MLJ

12-10-19

| QTY | DESCRIPTION                | MATL | SPEC. |
|-----|----------------------------|------|-------|
|     | 647.1818 NOSE DOOR SPACER  | AL   | AL    |
|     | 647.1817 SUPPORT, RH       | AL   | AL    |
|     | 647.1816 SUPPORT, LH       | AL   | AL    |
|     | 647.1815 GUSSET, RH        | AL   | AL    |
|     | 647.1814 GUSSET, LH        | AL   | AL    |
|     | 647.1813 ANGLE             | AL   | AL    |
|     | 647.1812 SHIM              | AL   | AL    |
|     | 647.1811 SPACER            | AL   | AL    |
|     | 647.1810 NOSE DOOR DOUBLER | AL   | AL    |
| QTY | DESCRIPTION                | MATL | SPEC. |
| 1   | 647.1800 NOSE DOOR DOUBLER | AL   | AL    |

QTY  
NEXT ASSY (S)  
647.1800

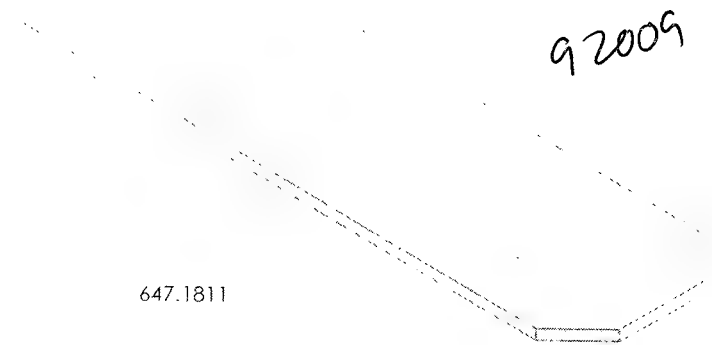
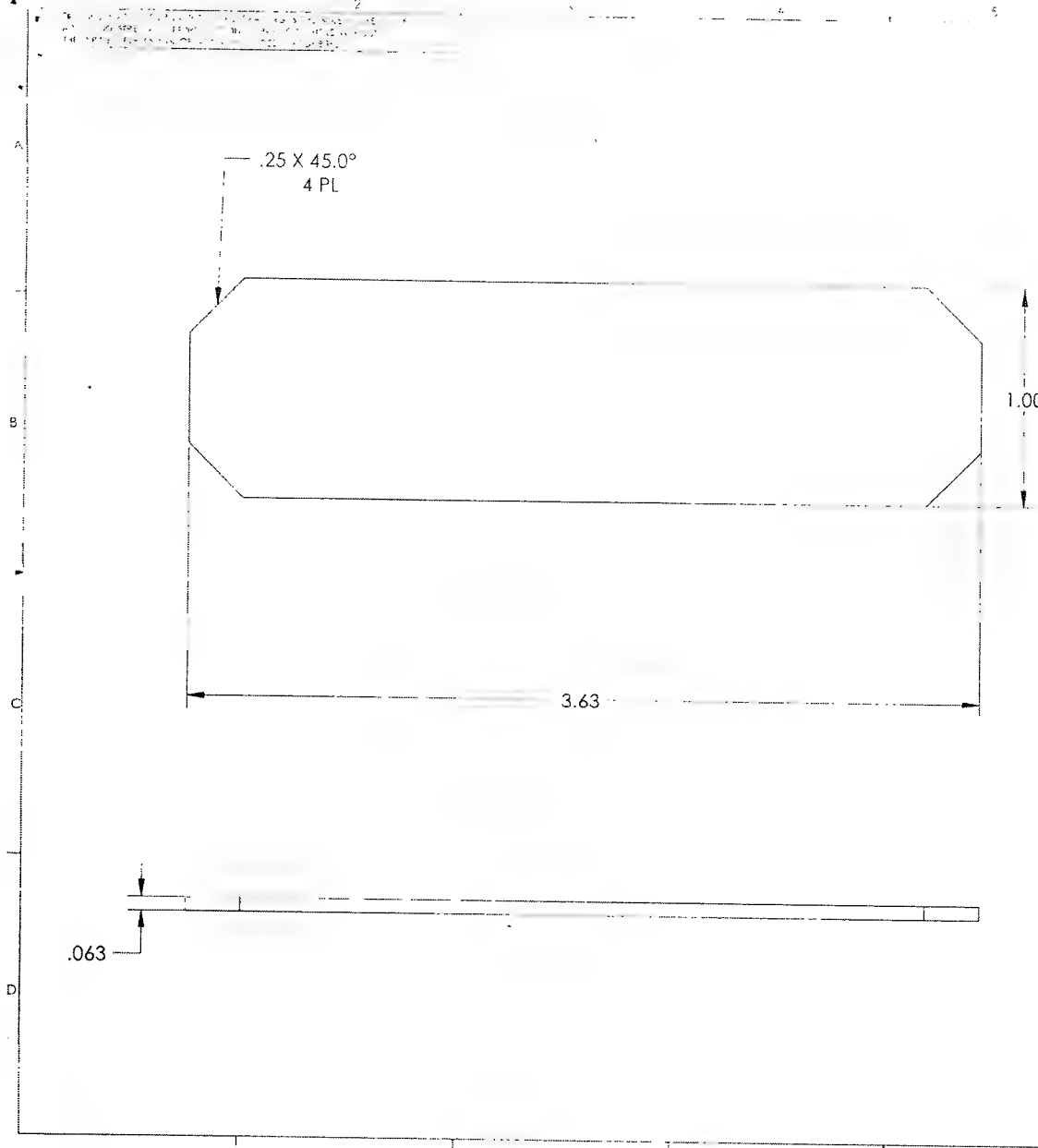
ORIGINAL DATE  
DRAWN BY  
CHECKED BY  
APPROVED BY  
DATE

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760) 724-5300

SHEET METAL

EX-1000 SPECIFIED  
EX-1000 SPECIFIED  
EX-1000 SPECIFIED  
EX-1000 SPECIFIED  
EX-1000 SPECIFIED

377 F-1000 SPECIFIED  
B 377 F-1000 SPECIFIED  
SC-1000 SPECIFIED  
SHEET OF 7



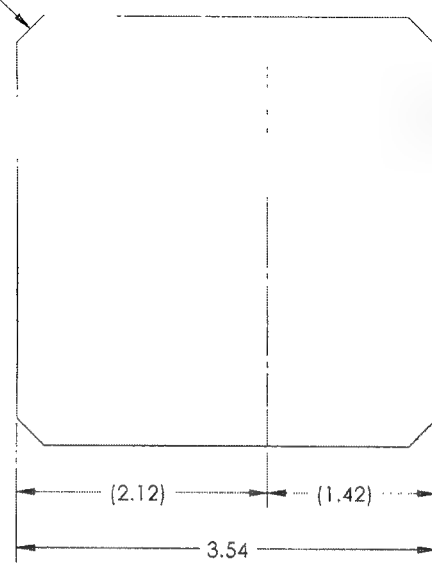
647.1811

|  |          |    |      |  |      |    |      |
|--|----------|----|------|--|------|----|------|
| CUSTOMER: B<br>PART: B<br>DATE: 07/26/06<br>DRAWING: 647.1811<br>SCALE: 1:1<br>UNITS: INCHES   |          |    |      | <b>APICAL INDUSTRIES</b><br>2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE CA 92056-3512 (760)724-3300 |      |    |      |
| DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE:<br>FRACTIONS DECIMALS<br>.001 .005 .010 .015 .020 .030 .040 .050 .060 .070 .080 .090 .100 .125 .150 .175 .200 .250 .300 .375 .500 .750 1.000 |          |    |      | <b>SHEETMETAL</b>  |      |    |      |
| REV  | DATE     | BY | CHKD | QTY  | DATE | BY | CHKD |
| B  | 07/26/06 |    |      |  |      |    |      |
| SCALE: NONE  |          |    |      | SHEET 2 OF 7   |      |    |      |

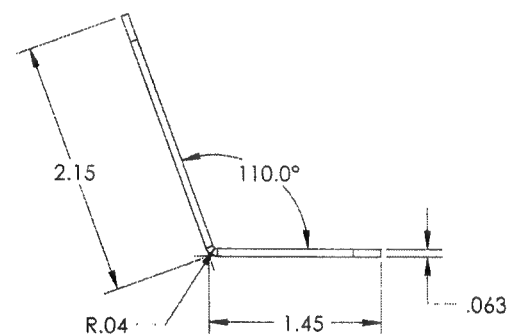
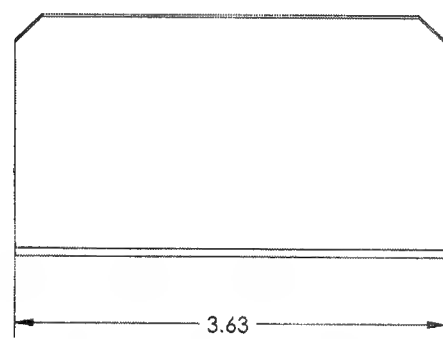
92009

647.1813

.23 X 45.0°  
4 PL

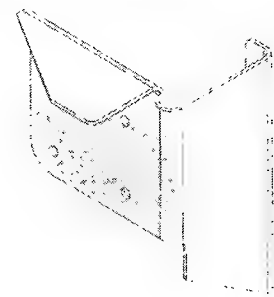
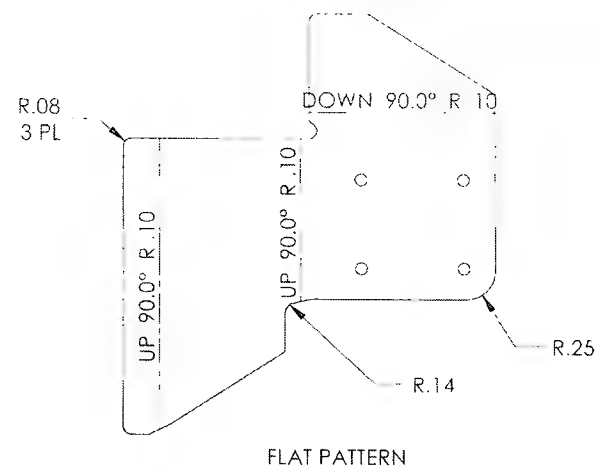
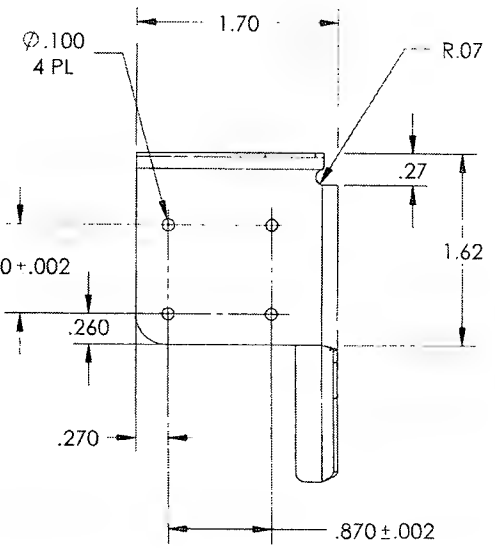
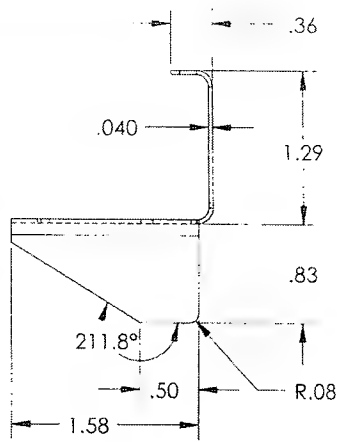


FLAT PATTERN

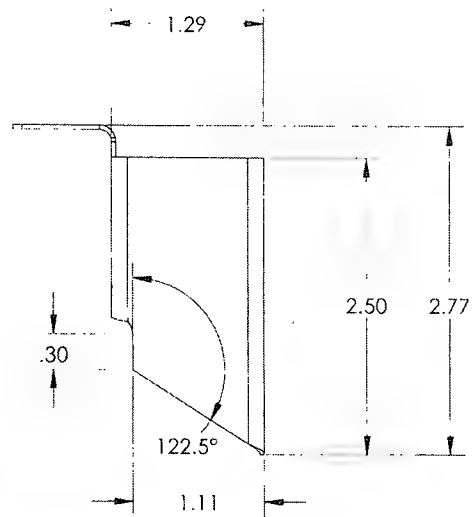


|                             |          |  |          |
|-----------------------------|----------|--|----------|
| ORIGINAL DATE<br>2008-01-14 |          | DESIGN                                 |          |
| DRAWN BY                    | DESIGNED | APICAL INDUSTRIES                      |          |
| 10444444                    | 10444444 | 2608 TEMPLE HEIGHTS DR                 |          |
| DRAWN BY APPROVAL           |          | OCEANSIDE, CA 92056-3512 (760)724-5300 |          |
| P. 10444444                 |          | SHEETMETAL                             |          |
| ECO IMPACT NO               |          | SIZE                                   | REV      |
| USE'S OTHER PAGES SPECIFIED |          | 1/2                                    | N/C      |
| DIN 9135-2-4 PER 1/2 INCH   |          | CAGE CODE                              | DWG NO   |
| 10444444                    |          | 074446                                 | 647.1800 |
| 1/2 INCH DECIMAL 1/2 INCH   |          | SCALE                                  | SHEET    |
| 1/2 INCH DECIMAL 1/2 INCH   |          | NONE                                   | 4 OF 7   |

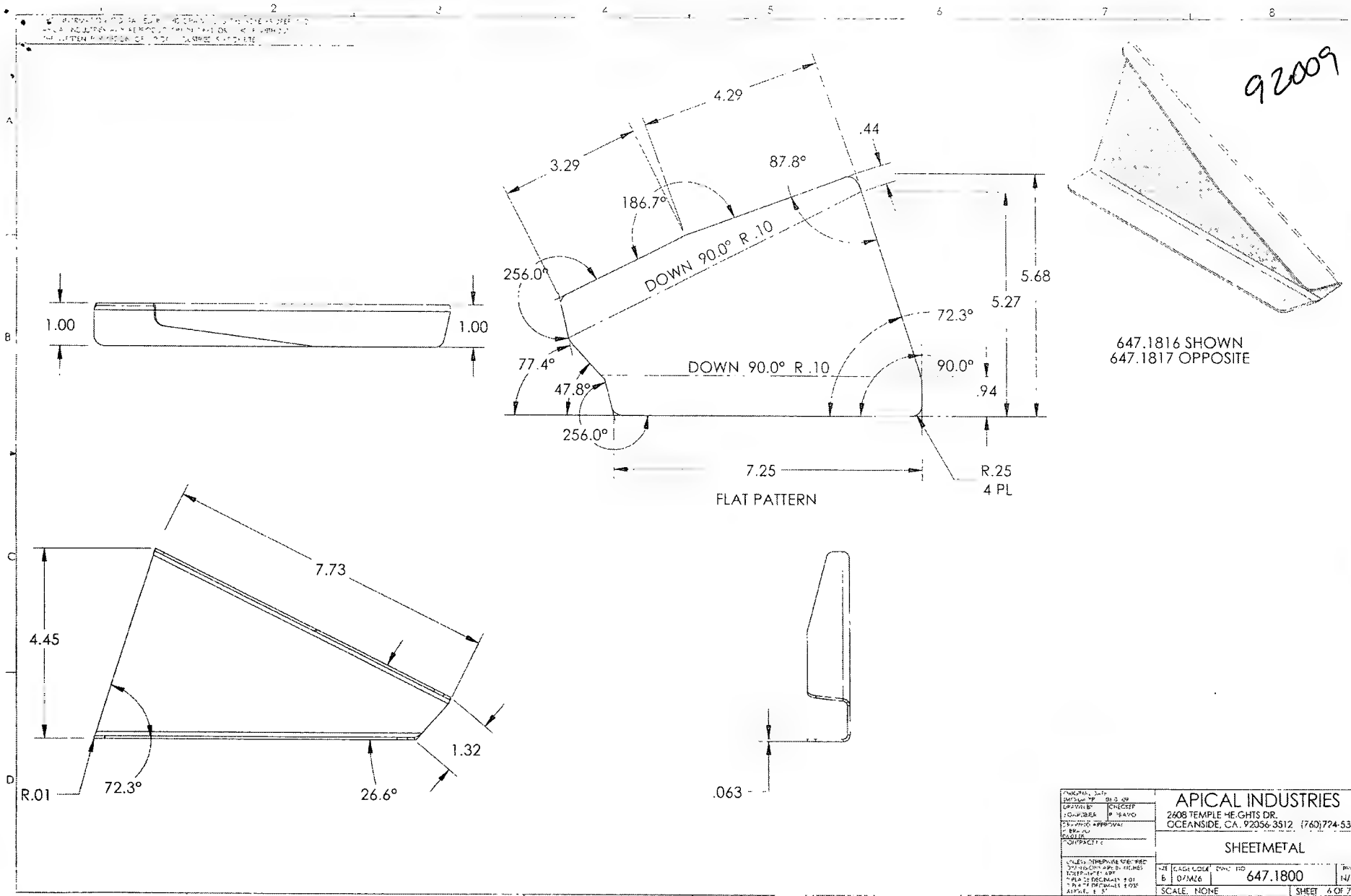
A  
B  
C  
D



647.1814 SHOWN  
647.1815 OPPOSITE

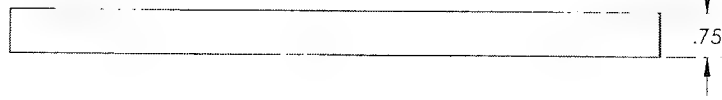


|   |                          |
|---|--------------------------|
| APICAL INDUSTRIES<br>2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA 92056-3512 (760) 724-5300 |                          |
| SHEETMETAL  |                          |
| SHEET CODE: 647.1800<br>DATE: 02/26<br>SCALE: NONE                                      | REV: NYC<br>SHEET 5 OF 7 |

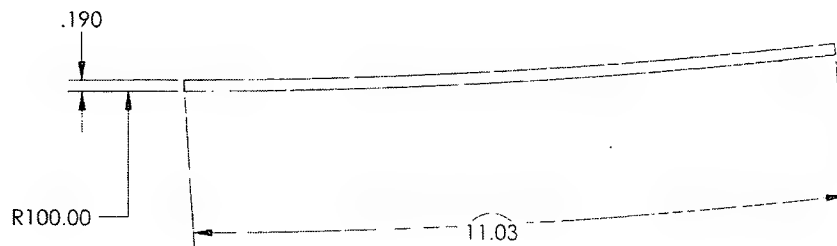


|  |               |
|--|---------------|
| APICAL INDUSTRIES                        |               |
| 2608 TEMPLE HEIGHTS DR.                  |               |
| OCEANSIDE, CA. 92056-3912 (760) 724-5300 |               |
| SHEETMETAL                               |               |
| DATE: 07/10/06                           | BY: 07/10/06  |
| SCALE: NONE                              | SHEET: 6 OF 7 |

92009



647.1818



|  |                    |   |            |
|--|--------------------|---|------------|
| ORIGINAL DATE<br>DRAWN BY<br>CHECKED BY<br>DATE<br>APPROVED BY<br>DATE |                    | <b>APICAL INDUSTRIES</b><br>2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA 92056-3512 (760)724-5300 |            |
| SHEET NO.<br>SHEET NO.   |                    | <b>SHEETMETAL</b>   |            |
| SIZE<br>B  | CAGE CODE<br>07M26 | QUANTITY<br>1   | REV<br>N/C |
| SCALE: NONE  |                    | SHEET 7 OF 7  |            |









A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms                      |  | Ship Via |                 |
|----------------------------|--|----------|-----------------|
| Quantity                   | Description  |          |                 |
| 1<br>lot                   | Part: ASST<br><br>10 PCS 646.9813<br>10 PCS 646.9811<br>10 PCS 646.9812<br>10 PCS 646.9812<br>2 PCS 646.9811<br>15 PCS 646.4711<br>15 PCS 647.4716<br>15 PCS 647.4712<br>15 PCS 647.4717<br>15 PCS 647.4714<br>15 PCS 647.4715<br>15 PCS 647.4718<br><br>HARD ANODIZE BLACK<br>MIL-A-8625 TYPE III CLASS 2<br>Job: 20120674<br><br>PO: PO18153 | Rev:     | Line: 101214/17 |
| 1<br>lot                   | Part: ASST<br><br>7 PCS 647.1810<br>14 PCS 647.1811<br>91 PCS 647.1812<br>2 PCS 647.1612<br><br>HARD ANODIZE BLACK<br>MIL-A-8625 TYPE III CLASS 2<br>Job: 20120673<br><br>PO: PO18304  | Rev:     | Line:           |
| Certificate of Conformance |  |          |                 |



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms    |   | Ship Via |
|----------|---|----------|
| Quantity | Description   |          |
|          | A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. |          |
|          | ISO 9001 : 2008 REGISTERED<br>ATG SALES-2010 TERMS APPLY  |          |
|          | DATE: <u>5/12/12</u>  |          |
|          | CERTIFIED SIGNATURE: <u></u>   |          |
|          | RECEIVER SIGNATURE: _____   |          |